**Performance**

**Report**

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| Name: | Grampians and Central Highlands Home Care |
| Commission IDs: | 300032 and 300087 |
| Address: | 102 Ascot Street South, BALLARAT, Victoria, 3350 |
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This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 569 Grampians Health  
Service: 22805 Linkages: Central Highlands Coordinated Community Care  
Service: 18976 The Central Highlands EACH Program  
Service: 18977 The Grampians CACP Program – LINKAGES

Service: 19050 Wimmera Home Care Packages Level 2

Service: 18976 The Central Highlands EACH Program

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 8265 Grampians Health  
Service: 24879 Ballarat Health Services - Care Relationships and Carer Support  
Service: 25228 Ballarat Health Services - Community and Home Support  
Service: 25979 Wimmera Health Care Group - Community and Home Support

Service: 20181 NRCP Community Respite Program

**This performance report**

This performance report for Grampians and Central Highlands Home Care (**the service**) has been prepared by Mary Murray, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 15 January 2024.

# Assessment summary for Home Care Packages (HCP)

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| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Not Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

Requirement 2(3)(a) for the Commonwealth Home Support Programme

* Ensure assessments are effective in identifying and managing risks to consumers’ health and wellbeing with a focus on medication management and respite services.
* Ensure respite consumers have a care plan in place that includes their medication management / support needs.
* Ensure staff in the respite service can contact a suitably qualified clinical staff member to support them in delivering safe care.
* Ensure staff can access relevant information about risks for consumers and risk management.

# Standard 1

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| --- | --- | --- | --- |
| Consumer dignity and choice | | HCP | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

Findings

Consumers said they feel respected by everyone at the service. Consumers gave examples of staff respecting their needs, listening to their views and opinions and meeting their needs.

The service has a diversity plan and cultural awareness training is provided to all staff. Consumers are confident staff know about their backgrounds, including their values and what is important to them.

Staff and management spoke about how the beliefs and requirements of each consumer are individual. The service has an Aboriginal Health Team Leader who can support staff in their understanding of how to deliver culturally safe care. Culturally safe care includes rostering only female support workers when requested.

Documentation outlines how consumers choose to have their services delivered, who they want to include in any decisions about their care and whether the consumer needs assistance in making their choices clear to the organisation.

Consumers are satisfied they are involved in making decisions and choices to the extent they wish and that staff respect their choices about care and services.

Consumers and representatives said in different ways that the service supports them to stay independent. Staff discussed the various ways they encourage consumers to do things that they may not have been confident in doing without additional supports being put in place.

Where consumers are balancing risk with their quality of life, it is evident a discussion on the benefits and risks of any decision or choice has occurred.

Consumers and representatives said they receive information about the care and services available, have a copy of the consumer’s care plan, a schedule of services and receive a monthly statement.

Policies and procedures guide staff in meeting information privacy obligations. Support workers described how they keep information about consumers confidential, use secure log ins and only access information about consumers that is relevant to how they deliver safe and effective care.

Based on the information summarised above I find the approved provider complies with all requirements of this Standard.

# Standard 2

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| --- | --- | --- | --- |
| Ongoing assessment and planning with consumers | | HCP | CHSP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant | Not Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant | Compliant |

Findings

Requirement 2(3)(a)

The Assessment Team assessed this Requirement not met for CHSP as the overnight cottage respite program does not undertake adequate assessment of consumers. The team found consideration of HCP consumers’ health risks was evident in care planning. The Assessment Team provided the following evidence relevant to my finding:

* Sampled care plans for CHSP consumers receiving services at the cottage respite program were not detailed and did not adequately take into consideration risks to the consumer associated with medication management and did not provide detailed information to guide staff.
* Information about consumers’ medication management is insufficient to inform best practice care.
* Staff described, when an incident occurs, and a consumer needs to be transported to hospital, they do not always have the information requested by ambulance staff.
* Staff were unclear how to escalate medication incidents that occur at the cottage respite service to a suitably qualified staff member who can provide clinical advice.
* The service’s own internal monitoring systems has not identified this deficit.

The approved provider accepts the evidence in the Assessment Team’s report and submitted a comprehensive continuous improvement plan to address the identified issues.

Key areas of focus outlined in the plan are medication management; organisational governance; assessment and care planning; clinical care and the cottage respite workforce model.

Actions include:

* Ensure governance documentation supports safe medication management / safe self-administration management within the service.
* Review the organisation’s current Self-Medication Assessment Tool to meet the requirements of Cottage Respite.
* Ensure that care planning processes clearly capture and record the consumer’s risks and the risk mitigations strategies developed with the consumer.
* Review competencies and education to ensure care workers have the necessary skills, training, and support to provide best practice clinical care.
* Ensure all care workers work within their scope of practice and knowledge base under the direction, delegation, and supervision of a Registered Nurse.

In coming to my finding, I have considered the evidence in the Assessment Team’s report and the provider’s response, which demonstrates consideration of risk in relation to medication management to consumers receiving CHSP subsidised services is not occurring. The information and evidence does not demonstrate the same deficits in relation to consumers receiving HCP subsidised services.

I have considered the intent of this Requirement, which expects providers to assess relevant risks to a consumer’s safety, health and well-being, with any risks discussed with the consumer and included in planning the consumer’s care.

I acknowledge the approved provider’s acceptance of the Assessment Teams evidence and note that the continuous improvement plan submitted will address the deficits identified by the Assessment Team. However, I find that the approved provider’s continuous improvement plan will take several months to be fully implemented and evaluation of the sustainability of the improvements will also need to occur.

Based on the information summarised above, I find that the approved provider does not comply with Requirement 2(3)(a) for CHSP services, as assessment and care planning did not adequately address risks associated with consumers’ medication management. A continuous improvement plan has been developed, however, it is not yet fully implemented.

Requirements 2(3)(b) 2(3)(c) 2(3)(d) and 2(3)(e)

HCP and CHSP consumers and representatives interviewed reported they are satisfied with their care, are receiving the services they require, and their care and services are meeting their goals. CHSP allied health and HCP consumer documentation reviewed consistently demonstrated effective identification of the consumer’s current needs and preferences, with care planning documentation outlining actions to address consumer needs.

Support workers described how they read care plans, review task lists and check progress notes prior to each service to ensure they have current information.

The HCP assessment includes a prompt for staff to enquire about advance care planning with the consumer, however these discussions do not occur for all HCP and CHSP consumers who may wish to engage in the discussion. Management said they have recognised this as an area of improvement and are supporting staff to ensure these discussions consistently occur with consumers.

All consumers said they are as involved in their care planning as they wish to be and that others they wish to be involved, such as family members or other representative are also included. The service demonstrated they involve allied health clinicians and other medical staff supporting the consumer in discussions when required, and that relevant information is shared between parties to support the delivery of best practice care.

A care plan is offered to the consumer and is available at the point of care delivery.

Incidents, life events or changes in the consumer’s circumstances prompt staff to review the supports and services being provided to ensure the remain effective in meeting the consumer’s needs, goals and preferences. Documentation demonstrated scheduled reviews are also occurring as planned.

Consumers said they have a copy of their care plan, have been involved in planning their services and have taken part in care plan reviews.

Consumers are satisfied their care is effectively planned and meeting their health needs and supporting their wellbeing.

Based on the information summarised above I find the approved provider complies with requirements 2(3)(b) 2(3)(c) 2(3)(d) and 2(3)(e) of this Standard.

# Standard 3

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| Personal care and clinical care | | HCP | CHSP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant | Compliant |

Findings

The service maintains a principles of clinical care statement and clinical practice protocols for key clinical care needs. Staff follow this guidance in their day to day practice to support safe care.

Consumers reported in various ways they are receiving safe and effective personal and clinical care. They generally have consistency of support workers, allied health clinicians and nursing staff, and expressed satisfaction with the way staff deliver their care.

Documentation reviewed for HCP and CHSP allied health consumers demonstrated effective clinical management of mobility, continence, wounds and nutrition and hydration.

Consumers described services being tailored to their needs, different options being trailed and the involvement of various clinicians to ensure their needs are met to the fullest extent possible and in a way that supports other aspects of their day to day lives.

The service uses subcontracted providers to deliver personal care, HCP allied health and nursing services. HCP case managers, CHSP allied health and nursing staff, and support workers were able to describe the personal and clinical care needs of the consumers they are supporting. Care coordination staff demonstrated ongoing care planning and oversight of the delivery of care by subcontractors.

Management stated that the high impact or high prevalence risks experienced by their consumers are primarily related to consumers living a cognitive impairment or being at risk of falling.

The organisation has an occupational therapy advisory service that case managers can access for clinical advice.

Documentation review for consumers at risk of falls or with a falls history evidenced the involvement of occupational therapists, provision of mobility aids, installation of handrails and sensor lighting as strategies to reduce the likelihood of a fall occurring.

Staff were able to identify and discuss risks associated with the care of the consumers they provide care and supports to, including the risk of falls and social isolation, and outlined the ways they mitigate and minimise risks, including walking beside consumers and prompting consistent use of mobility aids and providing social support.

Nursing staff described and file review evidenced the effective management of complex clinical care needs following consumers being hospitalised for an acute illness or surgery.

Staff were able to demonstrate how they provide effective and considerate care and support to consumers who are on a palliative pathway. Documentation evidenced consumers accessing palliative and hospice care services. HCP case managers and CHSP allied health clinicians described referring to consumers to palliative and hospice care services and working collaboratively with these providers to ensure the services are tailored to meet the consumer’s changing needs. All staff demonstrated in various ways how they ensure their service delivery is flexible to changing needs and goals and working towards maximising consumer comfort. The service maintains a clinical practice guideline to support staff in managing consumers during end of life.

Staff are alert to consumers who need further review. The service maintains a care management manual which provides guidance on managing deterioration, and staff receive training in identify deterioration or a change to consumer’s cognitive function, physical or mental health needs.

Consumers gave examples of the processes followed when they have been unable to answer the door and how these processes let to a timely transfer to hospital or referral for medical support.

Consumers discharged from hospital are reviewed and additional supports are put in place as required, including dietician and occupational therapist services.

Information about the consumer is appropriately shared with others involved in supporting their health and wellbeing.

Management said that referrals are identified through consumer and family request, support worker feedback, case manager observation and care planning and assessment review, and undertaken in a timely manner. Management noted documentation audits are undertaken to monitor the referrals occur in a timely manner. HCP management provided documentation to evidence the process of escalation of urgent referral requirements and associated equipment purchases to ensure prioritisation occurs as appropriate.

CHSP and HCP consumers and representatives interviewed described ways in which staff limit or protect them from infection, including COVID-19, by wearing face masks, and gloves when appropriate. Staff interviewed described the protocols they follow in order to minimise infection related risks when going into a consumers’ home, noting they are wearing face masks, wearing gloves when appropriate, practicing hand hygiene, monitoring their own health and completing infection control training.

The service provides all required personal protective equipment (PPE) and said a health and safety representative supports staff and monitors the effectiveness of the service’s infection prevention and control protocols.

Based on the information summarised above I find the approved provider complies with all requirements of this Standard.

# Standard 4

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| Services and supports for daily living | | HCP | CHSP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

All CHSP and HCP consumers said in various ways that the service supports them to do things that are meaningful to them.

Consumers said the service listens to them and provides them with the services and supports they need, in a way that helps them to continue to do things independently. Staff described providing social support services, planned activity groups and supporting consumers to continue doing activities they enjoy, such as shopping, visiting cafés and going fishing.

Consumer documentation includes information related to spiritual, emotional, and psychological wellbeing, including religious preferences and social activities. Counselling services have been extended to those consumers needing additional emotional support.

Management said planned activities are based on consumer feedback and their interests inform the activity schedule.

Consumers are satisfied that support workers have the relevant information to undertake the service without further direction or guidance. Management described how care coordination staff attend discharge meetings at the hospital so that information on new needs for when the consumer gets back home is shared with those involved in the consumer’s care.

Procedures guide staff in the referral process and document review evidenced timely and appropriate referrals occurring to allied health providers and occupational therapists.

Consumers and representatives said in different ways that the food they receive is of a suitable quality and quantity. Consumer documentation reviewed consistently notes consumer allergies, likes and dislikes. Modified meals are provided to meet consumer needs when required.

Staff said they have access to equipment to support consumers such as wheelchairs and equipment for use in the home as required.

Management advised equipment and modifications are purchased based on an occupational therapy review and assessment. The organisation has current agreements in place to ensure all equipment is tested and trialled with the consumer to ensure the equipment is in working condition and fit for purpose

Consumers are satisfied with the equipment, items including mobility aids, kitchen aids and recliner chairs.

Based on the information summarised above I find the approved provider complies with all requirements of this Standard.

# Standard 5

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| Organisation’s service environment | | HCP | CHSP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant | Compliant |

Findings

Consumers and representatives are happy with the surroundings and environment for the planned activity groups and overnight cottage respite program.

The service environments at Eyres House and Midlands are both welcoming, with clear signage throughout to support consumers to move freely both indoors and outdoors.

The Assessment Team observation all environments to be safe, clean, well maintained and comfortable.

There are a range of areas for consumers to comfortably socialise, either in small or large groups, including activity rooms, a café, garden areas and a theatre.

The overnight cottage respite program at Eyres House provides a choice of single or shared rooms. All furniture and fixtures are suitable for aged consumers.

Cleaning schedules are in place for both the planned activity groups and overnight cottage respite program.

There is a process to manage any equipment in need of repair and maintenance staff attend the service once the issue is logged with the maintenance department.

Staff complete a daily safety checklist each time they drive the bus with any issues being reported to the transport department.

Based on the information summarised above I find the approved provider complies with all requirements of this Standard.

# Standard 6

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| --- | --- | --- | --- |
| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

Welcome packs, provided to all new consumers include information on how to provide feedback and a feedback form. Feedback forms are also available at the entrance to the service and staff said they can also pass on feedback from consumers to the service if the consumer prefers.

Consumers and representatives reported feeling safe to raise concerns and having access to contacts for internal complaint escalation, advocacy services and avenues for external complaints.

Management discussed translation and interpreting services stating that the region in which they provide care and services is a culturally and linguistically diverse community. Management and staff connect with online interpreting services as required and provided examples of assisting consumers to connect with advocacy services.

The Assessment Team reviewed the management of a complaint made by a consumer. The records evidenced an open disclosure approach being applied, and confirmed the consumer’s satisfaction with the outcome of the issue was sought.

Management demonstrated that consumer feedback and complaints informs continuous improvement and had informed reviews into workforce planning and waitlist management.

Based on the information summarised above I find the approved provider complies with all requirements of this Standard.

# Standard 7

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| Human resources | | HCP | CHSP |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant | Compliant |

Findings

Management said workforce planning is discussed at coordinator and leadership team meetings. These meetings feed into an annual workforce planning cycle that determines the number, mix of staff, and establishes recruitment targets.

The service uses both directly employed and contracted staff and monitors the number of unfilled shifts across the service and with their subcontractors who provide the majority of support workers for the home care package programme.

Consumers and representatives are satisfied with direct staff and subcontracted staff and said they are respectful, kind and caring. Staff have completed cultural awareness training and were familiar with the cultural backgrounds and needs of individual consumers.

Management ensure that staff are competent and qualified to perform their roles. Allied health staff hold professional registrations and work within the scope of their practice. Staff have a position description, regular supervision, ‘buddy’ shifts, mandatory training, monthly face to face meetings and annual performance reviews.

Quarterly meetings with subcontracting organisations and ongoing oversight from the procurement team support the service to ensure that contracted staff are competent and can effectively perform their roles.

All staff said they have access to ongoing training. The service has a training matrix and provides training face to face and through an online learning platform. Recent training includes manual handling, infection prevention and control principles including hand hygiene, elder abuse and cyber security awareness.

The service has an annual performance review and development program which is monitored by the people and culture department. Staff confirmed their participation in supervision meetings and performance reviews.

Based on the information summarised above I find the approved provider complies with all requirements of this Standard.

# Standard 8

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| --- | --- | --- | --- |
| Organisational governance | | HCP | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant | Compliant |

Findings

The organisation has established a consumer partnership program. The program includes a consumer advisory committee which consists of members of the Board and community members. Meeting minutes from the community advisory committee evidence input from consumers on how the service is run. The service partners with consumers to understand their experience of care and services and uses their insights to developed consumer stories to support staff in delivering consumer centred care and addressing areas for improvement.

The Board satisfies itself that the Aged Care Quality Standards are being met through review of outcomes from internal audits, feedback and complaints mechanisms, consumer surveys and clinical indicators. Committee reports reviewed by the Board include the chief executive officer’s report and meeting minutes from the finance committee, quality and safety committee, audit and risk committee and first nations governance committee.

There are effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. A strategic plan is in place for 2022/2024 and with actual outcomes monitored against stated objectives in the plan.

There is a documented risk management framework including policies and procedures relating to organisational risk management and consumer risks. The service’s risk register includes consideration of risks to vulnerable consumers. The framework supports effective management of high-impact and high-prevalence risks, effective identification and response to abuse and neglect, support for consumers to live their best life and management and prevention of incidents through an incident management system.

There is a clinical governance framework which guides staff on antimicrobial stewardship, minimising the use of restraint and open disclosure. The clinical governance committee meets quarterly to review key performance indicators, clinical incidents and data trends, implementing corrective actions as required.

Based on the information summarised above I find the approved provider complies with all requirements of this Standard.

1. The preparation of the performance report is in accordance with section 57of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)